

ESTATE INFORMATION SHEET
MIDDLESEX COUNTY SURROGATE'S COURT
P.O. Box 790, New Brunswick, NJ 08903-0790
surrogate@co.middlesex.nj.us

Name of Decedent: _____

Address of Decedent: _____

Date of Birth: _____ Date of Death: _____ SS# _____

Name and Address of Executor(s)/Administrator(s): _____

Telephone Number of Executor(s)/Administrator(s): _____

BENEFICIARIES/NEXT OF KIN RELATIONSHIP ADDRESS AGE OF MINOR(s)

(Note:) List all children of any deceased next of kin- Give age of Minors
(Add additional page, if necessary)

Date of Will: _____ # of Pages: _____

Date of Codicil: _____ # of Pages: _____

Witness Who is Appearing (If not Self-Proving): _____

Names of Other Witness(es): _____

Entire Estate Passes to Surviving Spouse, Civil Union Partner or Domestic Partner, Parent, Grandparent, Child, Stepchild, Legally Adopted Child, or the Issue of Any Child or Legally Adopted Child: Yes: _____ No: _____

List of Assets of Decedent (for Administration or Affidavit Only)

NJ Real Estate: Yes: _____ No: _____

Is value of Estate (including IRA, 401K, Life Insurance, etc.) more than \$675,000? Yes: _____ No: _____

Total Number of Certificates Requested: _____

Name, Address, & Phone Number of Attorney (if being represented): _____

FOR USE AS FACT SHEET TO BE MAILED OR FAXED TO OFFICE IN ADVANCE OF APPEARANCE
ALONG WITH A COPY OF THE DEATH CERTIFICATE, WILL AND CODICIL (if applicable).
ORIGINAL WILL AND CODICIL MUST BE PRESENTED AT TIME OF APPEARANCE

Tel. (732)745-3055 Fax (732)745-4125